

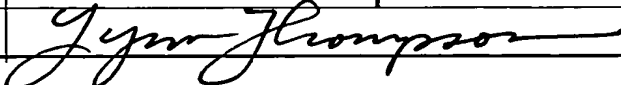
031704

17236 U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	020489-000410US
First Inventor	Goldfarb, Eric A.
Title	METHODS AND DEVICES FOR CAPTURING AND FIXING LEAFLETS IN VALVE REPAIR
Express Mail Label No.	EV 369118033US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification w/title page [Total Pages 45] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 48] 5. Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/894,463 filed 6/27/2001 Prior application information: Examiner ISMAEL IZAGUIRRE Art Unit: 3765 <b>For CONTINUATION OF DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number		20350	
		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	
Country		Zip Code	
Telephone		Fax	
Name (Print/Type)		Lynn M. Thompson	
Registration No. (Attorney/Agent)		47,991	
Signature		Date	
		March 17, 2004	

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22856 U.S. PTO  
10/803444

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 484

Complete if Known

Application Number

Filing Date

March 17, 2004

First Named Inventor

Goldfarb, Eric A.

Examiner Name

Art Unit

Attorney Docket No.

020489-000410US

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None				
<input checked="" type="checkbox"/> Deposit Account:					3. ADDITIONAL FEES			
Deposit Account Number: 20-1430								
Deposit Account Name: Townsend and Townsend and Crew LLP								
The Director is authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below					<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)								
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.								
1. BASIC FILING FEE								
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			
1001	2001	770	385	Utility filing fee	385			
1002	2002	340	170	Design filing fee				
1003	2003	530	265	Plant filing fee				
1004	2004	770	385	Reissue filing fee				
1005	2005	160	80	Provisional filing fee				
SUBTOTAL (1)					(\$385)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims	31	-20** =	11	Extra Claims	Fee from below	Fee Paid		
Independent Claims	2	-3** =	0		\$9	\$99		
Multiple Dependent					\$43	\$0		
Large Entity					Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
1202	18	2202	9	Claims in excess of 20				
1201	86	2201	43	Independent claims in excess of 3				
1203	290	2203	145	Multiple dependent claim, if not paid				
1204	86	2204	43	** Reissue independent claims over original patent				
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)					(\$99)			
**or number previously paid, if greater; For Reissues, see above								
Other fee (specify)								
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3)			
					(\$)			

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Lynn M. Thompson

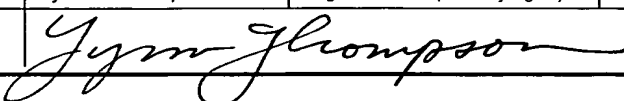
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47,991

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Signature



Date

March 17, 2004